

SECTION 1

MEDICAID PROGRAM RESOURCES

Informational Resources available at www.dss.mo.gov/dms

CONTACTING MEDICAID

PROVIDER COMMUNICATIONS

The following phone numbers are available for Medicaid providers to call with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and patient eligibility questions and verification. The (573) 635-8908 number provides an interactive voice response (IVR) system that can address patient eligibility, last two check amounts and claim status inquiries. Providers must use a touchtone phone to access the IVR. There is no option to be transferred to the Provider Communications Unit from the IVR. See page 1.3 for more information on the IVR.

Provider Communications	(573) 751-2896
Interactive Voice Response (IVR)	(573) 635-8908

The Provider Communications Unit also processes written inquiries. Written inquiries should be sent to:

Provider Communications Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

INFOCROSSING HEALTHCARE SERVICES, INC. HELP DESK

(573) 635-3559

Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and assistance with the Infocrossing Internet billing service.

PROVIDER ENROLLMENT

Providers can contact Provider Enrollment via email as follows for questions regarding enrollment applications: providerenrollment@dss.mo.gov.

Changes regarding address, ownership, tax identification number, name (provider or practice), or Medicare number must be submitted in writing to:

Provider Enrollment Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

THIRD PARTY LIABILITY

(573) 751-2005

Call the Third Party Liability Unit to report injuries sustained by Medicaid patients, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a Medicaid patient.

PROVIDER EDUCATION

(573) 751-6683

Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for Medicaid claims. Contact the Unit for training information and scheduling.

RECIPIENT SERVICES

(800) 392-2161 or (573) 751-6527

The Recipient Services Unit assists patients regarding access to providers, eligibility, covered and non-covered services and unpaid medical bills.

MEDICAID EXCEPTIONS AND DRUG PRIOR AUTHORIZATION HOTLINE

(800) 392-8030

Providers can call this toll free number to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the Medicaid program, or to request a drug prior authorization. The Medicaid exceptions fax line for non-emergency requests only is (573) 522-3061; the fax line to obtain a drug prior authorization is (573) 636-6470.

**HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT (HIPAA) INFORMATION**

Billing providers who want to exchange electronic information transactions with Missouri Medicaid can access the *HIPAA-EDI Companion Guide* online by going to the Division of Medical Services Provider Participation Web page at <http://www.dss.mo.gov/dms/providers.htm>. Click on the HIPAA-EDI Companion Guide link in the column on the left hand side of the page, this will take you directly to the EDI Companion Guide and X12N Version 4010A1 Companion Guide links.

For information on the Missouri Medicaid Trading Partner Agreement, click on the link to Section 1 – Getting Started, then select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

INTERACTIVE VOICE RESPONSE (IVR) (573) 635-8908

The Provider Communications Unit Interactive Voice Response (IVR) system, (573) 635-8908, requires a touchtone phone. The nine-digit Medicaid provider number **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

Option 1 Patient Eligibility

Patient eligibility **must** be verified **each** time a patient presents and should be verified **prior** to the service. Eligibility information can be obtained by a patient's Medicaid number (DCN), social security number and date of birth, or if a newborn, using the mother's Medicaid number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.

Option 2 Last Two Check Amounts

Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.

Option 3 Claim Status

After entering the patient's Medicaid number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).

INTERNET SERVICES FOR MEDICAID PROVIDERS

The Division of Medical Services (DMS), in cooperation with Infocrossing Healthcare Services, has an Internet service for Missouri Medicaid providers. Missouri Medicaid providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify patient eligibility;
- Obtain remittance advices (RAs);
- Submit adjustments;
- Submit attachments;
- View claim, attachment and prior authorization (PA) status; and
- View and download public files.

The Web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the Web site services. To participate in the service, the provider must apply online at <http://www.dss.mo.gov/dms/providers.htm>. Each user is required to complete this online application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID and password. Once the user ID and password have been received, the user can begin using the www.emomed.com Web site. The password can be changed to one of the user's own choice.

Questions regarding the completion of the online Internet application should be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

An authorization is required for each individual person within a provider's office or a billing service who will be accessing the Internet site.

This Web site, www.emomed.com, allows for the submission of the following HIPAA compliant transactions:

837 Institutional Claims	Batched or Individual
837 Professional Claims	Batched or Individual
837 Dental Claims	Batched or Individual
270 Eligibility Inquiry	Batched or Individual
276 Claim Status Inquiry	Batched or Individual

The following standard responses are generated:

835 Remittance Advice	Batch or Printable RA
271 Eligibility Response	Batch or Individual
277 Claim Status Response	Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. However, the user (provider) must have the proper web browser. The provider must have one of the following web browsers: Internet Explorer 5.0 or higher or Netscape 4.7 or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING PATIENT ELIGIBILITY THROUGH THE INTERNET

Providers can access Missouri Medicaid patient eligibility files via the Web site. Functions include eligibility verification by patient ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MEDICAID CLAIMS SUBMISSION THROUGH THE INTERNET

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- < 837 - Health Care Claim
 - Professional
 - Dental
 - Institutional (hospital inpatient and outpatient, nursing home, and home health care)
- < Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET

The Medicaid program phased out the mailing of paper Remittance Advices (RAs). Providers will no longer receive both paper and electronic RAs. If the provider or the provider's billing service currently receive an electronic RA, (either via the emomed.com Internet Web site or other method), paper copies of the RA were discontinued as of the July 20, 2004 financial cycle. All providers and billers must have Internet access to obtain the printable electronic RA via the Infocrossing Internet Service, emomed.com.

Receiving the Remittance Advice via the Internet is beneficial to the provider or biller's operation. With the new Internet RA, a user can:

- Retrieve the RA the Monday following the weekend claim processing cycle (two weeks earlier than receipt of the paper RA);
- Have access to RAs for 62 days (the equivalent of the last four cycles);
- View and print the RA from the desktop; and,
- Download the RA into the provider or biller's operating system for retrieval at a later date.

The Internet RA will be viewable and printable in a ready to use format. Just point and click to print the RA or save it to the computer system for printing at the user's convenience.

To sign up for this service, see the instructions at the beginning of this information on Internet services. If a provider does not have access to the Internet, contact the Infocrossing Help Desk, (573) 635-3559, to learn how to obtain a paper remittance.

ADJUSTMENTS THROUGH THE INTERNET

Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and Nursing Home claims for a "Frequency Code" that will allow either a 7 – Replacement (Adjustment) or an 8 – Void (Credit). This will control an individual adjustment or void, but not group adjustments or voids. Claim adjustments and credits can be submitted by utilizing the CLM, field CLMO5-3, segment of the 837 Health Care Claim.

RECEIVE PUBLIC FILES THROUGH THE INTERNET

Several public files are available for viewing or downloading from the Web site including the claims processing schedule for the State fiscal year which begins July 1 and ends June 30. Providers also have access to a listing of the HIPAA related claim codes and other HIPAA related codes.

SUBMIT ATTACHMENTS THROUGH THE INTERNET

Providers can submit required attachments via the Internet as an option to mailing paper versions to Infocrossing. A paper copy of any attachment submitted through the Internet must be kept in the patient's record. The Certificate of Medical Necessity and the Oxygen and Respiratory Equipment Medical Justification forms are to be submitted through the Medicaid billing Web site, www.emomed.com. The invoice of cost

attachment is available to providers through Medicaid Internet health care claims screens.

**MISSOURI MEDICAID PROVIDER MANUALS AND
BULLETINS ONLINE
www.dss.mo.gov/dms**

Missouri Medicaid provider manuals are available online at the DMS Provider Participation Web page, <http://www.dss.mo.gov/dms/providers.htm>. Scroll down to the bottom of the page and click on the Provider Manuals link. The next page displays an alphabetical listing of all Medicaid provider manuals. To print a manual or section of a manual, click on the Synchronize Contents link on the left hand side of the page, this will bring you to the "Print A Manual" link. Instructions for printing manuals or sections of manuals are available through this link.

Missouri Medicaid provider bulletins are also available at the DMS Provider Participation Web page. The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. To access the bulletins, click on the Provider Bulletins link on the left hand side of the page. The bulletins appear online at this location until the provider manuals are updated. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.

CLAIMS PROCESSING SCHEDULE FOR STATE FISCAL YEAR 2007

Cycle Run/Remittance Date* -

Friday, June 23, 2006
 Friday, July 7, 2006
 Friday, July 21, 2006
 Friday, August 4, 2006
 Friday, August 18, 2005
 Friday, September 8, 2006
 Friday, September 22, 2006
 Friday, October 6, 2006
 Friday, October 20, 2006
 Friday, November 3, 2006
 Friday, November 17, 2006
 Friday, December 8, 2006
 Friday, December 22, 2006
 Friday, January 5, 2007
 Friday, January 19, 2007
 Friday, February 9, 2007
 Friday, February 23, 2007
 Friday, March 9, 2007
 Friday, March 23, 2007
 Friday, April 6, 2007
 Friday, April 20, 2007
 Friday, May 4, 2007
 Friday, May 18, 2007
 Friday, June 8, 2007

Check Date -

Wednesday, July 5, 2006
 Thursday, July 20, 2006
 Monday, August 7, 2006
 Monday, August 21, 2006
 Tuesday, September 5, 2006
 Wednesday, September 20, 2006
 Thursday, October 5, 2006
 Friday, October 20, 2006
 Monday, November 6, 2006
 Monday, November 20, 2006
 Tuesday, December 5, 2006
 Wednesday, December 20, 2006
 Friday, January 5, 2007
 Monday, January 22, 2007
 Monday, February 5, 2007
 Tuesday, February 20, 2007
 Monday, March 5, 2007
 Tuesday, March 20, 2007
 Thursday, April 5, 2007
 Friday, April 20, 2007
 Tuesday, May 8, 2007
 Monday, May 21, 2007
 Tuesday, June 5, 2007
 Wednesday, June 20, 2007

*The Cycle Run Dates are tentative dates calculated by the Division of Medical Services. The dates are subject to change without prior notification.

*All claims submitted electronically to Infocrossing, must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

State Holidays

July 4, 2006 Independence Day
 September 4, 2006 Labor Day
 October 9, 2006 Columbus Day
 November 10, 2006 Veteran's Day
 November 23, 2006 Thanksgiving
 December 25, 2006 Christmas

January 1, 2007 New Year's Day
 January 15, 2007 Martin Luther King Day
 February 12, 2007 Lincoln's Birthday
 February 19, 2007 Washington's Birthday
 May 7, 2007 Truman's Birthday
 May 28, 2007 Memorial Day